



**STATE OF INDIANA**  
**ADDENDUM 12**

**Request for Service 10-40**

**INDIANA DEPARTMENT OF ADMINISTRATION**

**On Behalf Of**

**INDIANA FAMILY AND SOCIAL SERVICES  
ADMINISTRATION/OFFICE OF MEDICAID POLICY AND  
PLANNING**

**Solicitation For:**

**Risk-Based Managed Care Services to Medicaid  
Beneficiaries (Hoosier Healthwise/HIP)**

**Response Due Date: Thursday, April 1, 2010**

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Indianapolis, IN 46204

**RFS-10-40**  
**March 30, 2010**

1. Respondents are requested to submit with their proposal their 5 digit NAIC company code. This should be submitted together with the Transmittal Letter.
2. The following document has been posted:
  - HIPAA 5010/Edifecs Project Implementation Overview